

INSURANCE PAYMENT REPORT FORM (IPR) - PAPER CLAIMS ONLY

Due to provider input and review of the IPR form, Medicaid will no longer require usage of the form to report third party payment. Providers are required to report third party liability (TPL) on the appropriate claim form for all Medicaid and Medicare/Medicaid Coordination of Benefit (COB) claims.

For Medicaid claims, TPL information must be reported in the positions listed below. An Explanation of Benefits (EOB) from the primary payer must also be attached to the claim when payment from the TPL is "0", or a crossover claim is submitted past the timely filing requirement of 6 months. For Healthy U or Molina TPL claims, contact the health plan for specific billing instructions.

Effective 4/1/04, claims will be returned to the provider if the claim is submitted with an EOB and no TPL information is entered on the claim form.

CMS-1500 (HCFA-1500)	
Box	Instructions
28	Total Claim Charge
29	Amount Paid by other payer. Do not include contractual obligation (write off).
30	Balance Due. Report patient responsibility and contractual obligation.

UB92	
Form Locator	Instructions
54 A,B,C	Prior Payments made by other insurance carrier. Contractual adjustments should not be reported. The contractual amount will be calculated by Medicaid (Total charge - Prior Payments - Patient Estimated Amount Due = Contractual Adjustment).
54 P	Patient Estimated Amount Due or Patient Responsibility as listed by other insurance carrier.

1994	1999	DENTAL
Box		Instructions
42	59	Payment by other plan. Contractual adjustments should not be reported. The contractual amount will be calculated by Medicaid (Total charge - Payment by other plan - Patient pays = Contractual Adjustment).
42	59	Patient pays. Amount as listed by other insurance carrier as patient responsibility.
2002 Form - Medicaid recommends providers do not use this form. There are no fields to report payment by other plan or patient responsibility.		

Medicare/Medicaid Crossover: CMS-1500 paper claims require line level reporting of TPL. The information must be submitted in the boxes listed below. Claims submitted for regular Medicaid may also utilize this format rather than the format listed above (excluding directions for box 1). Medicaid will calculate patient responsibility and contractual obligation from the information submitted. When submitting Medicare/Medicaid Crossover Institutional paper claims, follow the instructions above.

CROSSOVER CMS-1500 (HCFA-1500)		
Box	Instructions	
1	Check both the Medicare and Medicaid boxes.	
24J	Reason code for coordination of benefits (COB). Use ANSI 837 Standard Claim Adjustment Reason Codes. Reason codes should be present on the explanation of benefit received from the primary carrier. If not available, leave blank.	
24K	COB amounts. For each line of service, the box must contain two lines of information: Indicator of "T" and amount paid by the other payer. Indicator of "C" and contractual obligation (write-off) amount.	Example: T - 23.00 C - 17.00
28	Total Claim Charge	
29	Amount Paid. Report the total of the TPL and contractual obligation from the other payer. Amount must equal amounts reported with the "T" and "C" indicators in box 24K.	
30	Balance Due. Report the patient responsibility.	